



**AGRICULTURAL AND FORESTAL DISTRICT (AFD)
WITHDRAWAL APPLICATION**
PLANNING DEPARTMENT
County of New Kent, Virginia
Website: www.co.new-kent.va.us/209/Planning

OFFICE USE ONLY *DO NOT WRITE IN THIS BOX*	
Application #:	_____
Date Received:	_____
Application Fee: \$	_____
Withdrawal Date:	_____

New Kent County ♦ Planning Department ♦ PO Box 150 ♦ New Kent, VA 23124 ♦ Phone 804-966-9690 ♦ Fax 804-966-8531
Use PO Box for all mail. Street address: 12007 Courthouse Circle, New Kent, VA 23124 FOR DELIVERIES ONLY

INSTRUCTIONS FOR WITHDRAWING FROM AN AFD

1. The Property Owner(s) shall prepare this Agricultural and Forestal District Withdrawal Application which must include the following information:

PROPERTY OWNER # 1			
Name(s):	_____		
Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	_____	Fax:	_____
Email:	_____		

PROPERTY OWNER # 2			
Name(s):	_____		
Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	_____	Fax:	_____
Email:	_____		

(All Property Owners must be listed so please list any additional Property Owners on a separate piece of paper and attach to this application.)

PROPERTY INFORMATION	
Name of District being Withdrawn from:	_____
Reason for Request of Withdrawal:	_____
Tax Assessor's Map and Parcel No.(s):	_____
GPIN(s):	_____
Deed Book/Plat Book Reference No.(s):	_____
Number of Dwellings on Parcel(s):	_____
No. and Types of Other Buildings/Improvements on Parcel(s):	_____

Acres Devoted to Pasture:	_____
Acres Devoted to Marsh/Wetlands:	_____
Acres Devoted to Tilled Cropland:	_____
Acres Devoted to Timber:	_____
Current Assessed Value:	_____
Current Zoning:	_____
Comprehensive Plan Designation:	_____

2. The Property Owner(s) shall pay the application fee of \$50.00 per parcel plus \$0.25 per acre at the time the application is submitted to the Planning Department. Applications can not be accepted without fee payment.

3. The AFD Program Administrator will review the application to verify its completeness, create an adjacent Property Owners List and generate the maps relating to this application. Any missing data from the property owner(s) will be collected then a public hearing by the governing body will be schedule to hear this Withdrawal Application. You will be notified by the AFD Program Administrator of the place, date and time of the public hearing should you wish to attend.

4. The Property Owner(s) shall sign this application to certify the information given above.

(All Property Owners must sign this application so please let the AFD Program Administrator know if additional signature boxes are required.)

Signature of Property Owner

Date

Printed Name of Property Owner

Signature of Property Owner

Date

Printed Name of Property Owner

Signature of Property Owner

Date

Printed Name of Property Owner

Signature of Property Owner

Date

Printed Name of Property Owner

ADJACENT PROPERTY OWNERS

	<u>Tax Map & Parcel Number</u>	<u>Name</u>	<u>Address</u> (include City, State & Zip)
1.			
2.			
3.			
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